

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



TO: All County Welfare Directors
All County Administrative Officers

February 15, 1991
Letter No. 91-04

SUBJECT: QMB MAILER

REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTERS (ACWDL) 89-116, 90-02,
90-43, 90-71

Enclosed is a copy of the mailer explaining the Qualified Medicare Beneficiary (QMB) program which was sent the first week in February to approximately 114,000 Supplemental Security Income (SSI) recipients who either are paying for Medicare Part A or who are on Buy-In and not receiving Part A. SSI recipients received a similar notice last year when the QMB program began. This new notice will specify that for 1991, an individual may have up to \$543 in income (\$523+\$20 disregard). The 1991 income level is based on 100 percent of the federal poverty level.

As stated in previous ACWDLs, SSI recipients need not apply in person for QMB benefits. Eligibility workers should use the information on the Medi-Cal Electronic Data System (MEDS) to verify income.

There may be some confusion in the counties as to whether the \$20.00 any income deduction should be added to the total net unearned and earned income figures when viewing MEDS under "Income and Payment Information". This is to inform you that the \$20.00 any income deduction has already been deducted from the individual's income. Therefore, there is no need to add it to the total figure indicated on MEDS and for QMB income eligibility, the income and payment information amount cannot exceed \$523.

If an individual is income eligible but has no Medicare Part A enrollment and is on Buy-In, please send an SSA 795 form and a Notice of Action informing him/her to send a SSA 795 form to the Great Lakes Program Service Center prior to March 31, 1991.

Please have eligibility workers enter the SSI recipient's name, the Medicare claim number and the name of the Medicare beneficiary on the SSA 795 form.

If you have any questions, please contact Marge Buzdas at (916) 324-4972,
ATSS 454-4972.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
DEPARTMENT OF HEALTH SERVICES
MEDICAL ASSISTANCE

A MEDI-CAL PROGRAM FOR LOW-INCOME MEDICARE BENEFICIARIES

This bulletin is for your information and requires NO ACTION ON YOUR PART unless you wish to apply for the following program. If you are eligible but you do not wish to enroll in the program, there will be no change in your regular Medi-Cal benefits.

A new federal program for certain low-income Medicare beneficiaries started on January 1, 1990. If you qualify, you will be eligible to have the Medi-Cal program pay for Medicare Part A hospital premiums, coinsurance, and deductibles.

If you are paying a monthly premium for Part A Medicare (hospital) benefits, or you do not receive Part A benefits because you cannot afford to pay this premium, you may be eligible for this program if your monthly income or your share of the monthly income of you and your spouse is less than \$543. Do NOT count your Supplemental Security Income/State Supplementary Payment (SSI/SSP) program check. If you qualify, you will be eligible to have the Medi-Cal program pay your Medicare Part A premiums, coinsurance, and deductibles.

Although Medi-Cal and Medicare cover similar services (benefits), Medicare Part A benefits may provide a slightly wider choice of hospitals and other health care facilities (nursing homes, etc.) depending on where you live.

If you are eligible for Medicare Part A benefits, but not currently receiving this benefit, you must apply prior to March 31, 1991. For more information on how to apply for the Qualified Medicare Beneficiary Program, please contact your local County Department of Social Services.

Name and Address

REQUEST TO ENROLL FOR HOSPITAL
INSURANCE UNDER MEDICARE

Name of Medicare Beneficiary

Medicare Claim Number

I wish to enroll for *Hospital Insurance* under Medicare on a monthly premium basis, which is in addition to my current coverage for medical insurance. I understand that the state will pay my premium based on my eligibility to Medicaid (Medi-Cal) as a qualified Medicare beneficiary. I also understand that if I am terminated under Medi-Cal as a qualified Medicare beneficiary I will have to pay my premium in order to keep my Medicare *Hospital Insurance*.

Please sign and date this form.

Signature

(First name, middle initial, last name)

Date

Return this form to:

Great Lakes Program Service Center
P.O. Box 5740
Chicago, IL 60680

MEDI-CAL
NOTICE OF ACTION
Approval For Benefits as a
Qualified Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Qualified Medicare Beneficiary (QMB) program.

We determined that:

- ☐ Beginning ____/____/____, you are eligible for the Medi-Cal program to pay your Medicare Part A and B expenses including premiums, coinsurance, and deductibles. If you are currently paying Medicare premiums, please allow 3-4 months from the time you are eligible as a QMB for the Social Security Administration (SSA) to stop deducting these premiums from your Social Security check. You may receive a refund from the SSA based on its records.
- ☐ You could be eligible for the Medi-Cal program to pay your Medicare part A and B expenses including premiums, coinsurance, and deductibles beginning July 1, ____; however, you must apply for part A benefits with the SSA.

To apply for part A:

- ☐ Please sign and date the enclosed form and mail it to the address listed in the form's instructions before March 31st. When SSA verifies your Part A eligibility, you will be notified.

Please go to your local SSA office and apply for "conditional" Part A before March 31st. When SSA verifies your Part A eligibility, you will be notified.
- ☐ Since you have already requested conditional Medicare Part A benefits at the SSA office, you will be eligible for the QMB program beginning July 1, once SSA verifies your Part A eligibility. No other action is required on your part.
- ☐ You are also eligible for regular Medi-Cal benefits beginning ____/____/____.
- ☐ If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____.

(Eligibility Worker)

(Phone)

(Dated)